

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010330

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

27

Primary Registration District No.

3005

Registrar's No.

67

STATE FILE NUMBER

FILED APR 9 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10071

20070

3

4 1

5 2

6

7 1

8 6

9332X

10

11

12 1-0

13 1-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		c. CITY OR TOWN Hume	
Length of stay in 1b 2 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bates County Memorial Hospital		d. STREET ADDRESS (If outside, give location) 2 1/2 Miles South	
3. NAME OF DECEASED (Type or print) First Myrtle Middle Ade Last Mullies		4. DATE OF DEATH Month March Day 29 Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 15 Aug 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (last birthday) 77
11a. FATHER'S NAME John Clark Rankin		11b. MOTHER'S MAIDEN NAME Adele Reynolds	11c. NAME OF HUSBAND OR WIFE Coyet Jesse Mullies
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT X Duane Mullies
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause (ast.) DUE TO (b) Generalized Atherosclerosis 5 yrs.		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Hume Bates Missouri	
21. I attended the deceased from 3-27-63 to 3-29-63 and last saw her alive on 3/29/63 Death occurred at 9:40A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Carter W. Butler MD	
22b. ADDRESS Butler Mo		22c. DATE SIGNED 3/31/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE March 31 1963	23c. NAME OF CEMETERY OR CREMATORY Woodfin Cemetery	
24. FUNERAL DIRECTOR TORNEDEN FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 3-31-1963	
ADDRESS Hume Missouri		26. REGISTRAR'S SIGNATURE Norman Wilson	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~xxx~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl A. Jernigan

Licensed Embalmer No. 3587

P. O. Address Pleasanton Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.